



Idaho Time Sensitive Emergency Program

Level II Stroke Center

Application & Resource Tool Kit

DRAFT ONLY
Do not use to apply for designation.



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TSE Frequently Asked Questions

Why a TSE program?

The 2014 Idaho Legislature approved and funded a plan to develop a statewide Time Sensitive Emergency (TSE) system of care that addresses three of the top five causes of deaths in Idaho: trauma, stroke, and heart attack. Studies show that organized systems of care improve patient outcomes, reduce the frequency of preventable death, and improve the quality of life of the patient.

How does the TSE program work?

The Idaho Department of Health and Welfare provides oversight and administrative support for the day-to-day operation of the program.

A governor-appointed TSE Council made up of health care providers, EMS agencies, and administrators of hospitals representing both urban and rural populations is responsible for establishing Rules and Standards for the TSE system. The Council is the statewide governing authority of the system.

The state has been divided into six regions. Each of these has a Regional TSE Committee made up of EMS providers, hospital providers and administrators, and public health agencies. The regional committees will be the venue in which a wide variety of work is conducted such as education, technical assistance, coordination, and quality improvement. The Regional TSE Committees will have the ability to establish guidelines that best serve their specific community in addition to providing a feedback loop for EMS and hospital providers.

What guiding principles are the foundation of the TSE system?

- Apply nationally accepted evidence-based practices to time sensitive emergencies;
- Ensure that standards are adaptable to all facilities wishing to participate;
- Ensure that designated centers institute a practiced, systematic approach to time sensitive emergencies;
- Reduce morbidity and mortality from time sensitive emergencies;
- Design an inclusive system for time sensitive emergencies;
- Participation is voluntary; and
- Data are collected and analyzed to measure the effectiveness of the system.

How often does a center need to be verified?

Every three years.

How much does it cost to be verified and designated?

Verification is done once every three years. The on-site survey fee is \$3,000 and must be submitted with the application. Designation is valid for three years. The designation fee may be paid in three annual payments of \$4,000 or in one payment of \$12,000.

Whom do I contact if I have questions about the application process?

Idaho Time Sensitive Emergency Program

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Application Process

To apply for designation as a Level II Trauma Center in Idaho using Joint Commission or DNV:

1. Print and complete the application. Submit one application per facility. A completed application includes:
 - A. Facility and Personnel Profile;
 - B. Certification Statement; and
 - C. A copy of the JC or DNV site review
2. Get the required signatures on the Certification Statement.
3. Put the application in a binder with labeled, tabbed dividers between each section: Profile, Certification, JC/DNV site review.
4. Mail the completed application to:

Bureau of EMS and Preparedness
Time Sensitive Emergency Program
P.O. Box 83720
Boise, ID 83720-0036

Or for FedEx, UPS, etc.:
2224 E. Old Penitentiary Road
Boise, ID 83712

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TSE Program staff will notify you within 10 business days of receipt of the application and confirm that the application is complete.

Application Process

To apply for designation as a Level II Stroke Center **using the State of Idaho for verification:**

Complete and print the application. Submit one application per facility. A completed application includes:

- A. Facility and Personnel Profile;
 - B. Certification Statement; and
 - C. Supporting Documentation
2. Obtain the required signatures on the Certification Statement.
 3. Put the application in a binder with labeled, tabbed dividers between each section: Profile, Certification, and Supporting Documentation.
 4. Mail the completed application to:

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Application for Level II Center

A. Hospital and Personnel Profile

Hospital Name:		
Mailing Address:	City:	Zip:
Physical Address:	City:	Zip:
Phone:	County:	
Application Contact and Title:		
Phone:	E-Mail:	

Hospital Administrator/Chief Executive Officer:	
Phone:	E-Mail:
Stroke Care Coordinator:	
Phone:	E-Mail:
Stroke Medical Director:	
Phone:	E-Mail:
Emergency Department Medical Director:	
Phone:	E-Mail:
Emergency Department Nursing Director:	
Phone:	E-Mail:

B. Certification Statement

I, _____ (CEO/COO), on behalf of _____
(hospital), voluntarily agree to participate in the Idaho Time Sensitive Emergency system as
a Level II Stroke Center. We will work with emergency medical services and other hospitals
in our area to streamline triage and transport of trauma patients and participate in our
Regional Time Sensitive Emergency Committee.

I certify that:

- A. The information and documentation provided in this application is true and accurate.
- B. The facility meets the State of Idaho criteria to be designated as a Level II Stroke Center.
- C. We will participate in the Idaho TSE Registry; and
- D. We will notify the Time Sensitive Emergency Program Manager immediately if we are unable to provide the level of trauma service we have committed to in this application.

Chair, Governing Entity (Hospital Board)

Date

Chief Executive Officer

Date

Stroke Program Manager

Date

Level II Stroke Center

In order to assist Idaho facilities seeking TSE designation, the TSE Program has compiled the following lists and/or resources. Please note that the items contained in this document are provided for informational or demonstration purposes only. The TSE Council does not require facilities to utilize these specific resources, nor does the TSE Program recommend any one over another on this list. These resources are listed solely as a courtesy to facilities seeking TSE designation.

1. Personnel

1.1 The center has a Stroke Care Coordinator.

Requirements:

- ☐ Copy of Stroke Care Coordinator job description.
- ☐ Copy of Stroke Care Coordinator's CV.

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1.2 The center has a Stroke Medical Director. The medical director must be a physician; a neurologist or neurosurgeon is preferred but not required. The director may oversee more than one center's stroke program within the same hospital system or corporate structure as long as the director is involved in program decision-making at each hospital.

Requirements:

- ☐ Copy of Stroke Medical Director job description.
- ☐ Copy of Stroke Medical Director CV.
- ☐ If the Stroke Medical Director oversees more than one center's stroke program, provide documentation of the director's involvement in this center.

1.3 The center has a defined stroke leadership team. At a minimum, the team consists of a physician and a registered nurse (RN).

Requirement:

- ☐ Copy of stroke leadership team policy.

1.4 The center has clinical personnel trained in diagnosing and treating acute stroke on-site 24/7.

Requirement:

- ☐ Supporting documentation.

2. Training and Education

2.1 Members of the stroke leadership team have a minimum of 8 hours of annual education on stroke diagnosis and treatment to ensure competence.

Requirement:

- ☐ Proof of education for each member of the stroke leadership team.

2.2 The Stroke Medical Director has a minimum of 8 hours of annual education related to the care of patients with cerebrovascular disease.

Requirement:

- ☐ Proof of annual education from previous 12 months.

2.3 Practitioners working on the stroke unit demonstrate evidence of initial and ongoing training in the care of acute stroke patients.

Requirement:

- ☐ Documentation of training for each practitioner working on the stroke unit.

2.4 All center staff are educated annually on the signs and symptoms of stroke and the process to activate the stroke team.

Requirement:

- ☐ Proof of stroke education for every staff member.

3. Stroke Services

3.1 The center has a CT tech on-site 24/7.

Requirement:

- ☐ Staffing matrix; or
- ☐ Policy regarding CT tech staffing.

3.2 The center has a neurologist or physician experienced in cerebrovascular care available on-site or via telemedicine or telephone within 20 minutes of patient's arrival 24/7.

Requirement:

- ☐ Supporting documentation from previous 12 months.

3.3 The center performs CT or MRI within 25 minutes of patient's arrival 24/7 with an 80% achievement rate.

Requirement:

- ☐ Supporting documentation from previous 12 months.

3.4 The center has staff on-site or via telemedicine to read and report CT or MRI results within 45 minutes of patient's arrival 24/7 with an 80% achievement rate.

Requirement:

- ☐ Supporting documentation from previous 12 months.

3.5 The center has EKG and chest x-ray capability 24/7.

Requirement:

- ☐ Supporting documentation.

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3.6 The center has laboratory or point-of-care testing 24/7 with results in 45 minutes or less with an 80% achievement rate.

Requirement:

- ☐ Supporting documentation from previous 12 months.

3.7 The center has FDA-approved IV thrombolytic therapy for stroke available 24/7.

Requirement:

- ☐ Supporting documentation.

3.8 The center has intracranial and extracranial vascular imaging.

Requirement:

- ☐ Supporting documentation.

3.9 The center must have written stroke protocols, order sets, procedures, and/or algorithms for assessment and treatment of ischemic and hemorrhagic strokes which include:

- a. stroke protocol activation process;
- b. initial diagnostic tests;
- c. administration of medication; and
- d. swallowing assessment prior to oral intake.

Requirements:

- ☐ Copy of protocol/order set/procedure/algorithm for stroke activation process.
- ☐ Copy of protocol/order set/procedure/algorithm for initial diagnostic tests.
- ☐ Copy of protocol/order set/procedure/algorithm for administration of medication.
- ☐ Copy of protocol/order set/procedure/algorithm for swallowing assessment prior to oral intake.

3.10 The center has:

- a. an intensive care unit (ICU);
- b. physical therapy;
- c. occupational therapy; and
- d. speech therapy.

Requirement:

- ☐ Supporting documentation.

3.11 The center's pharmacy is adequately staffed by qualified personnel to ensure effective medication management services including emergency services available 24/7.

Requirement:

- ☐ Supporting documentation.

3.12 The center has transfer protocols or guidelines that include criteria specific to transferring stroke patients including hemorrhagic stroke patients, stroke patients outside of the IV t-PA treatment window, et cetera.

Requirement:

- ☐ Copies of transfer protocols or guidelines.

3.13 The center must have a written transfer protocol with at least one Level I Stroke Center. The transfer protocol must include communication with and feedback from the receiving center.

Requirement:

- ☐ Copy of written transfer protocol.

3.14 The center coordinates with EMS on stroke care and transport policy and procedures, system activation, training, data collection, and quality improvement.

Requirement:

- ☐ Supporting documentation from previous 12 months.

3.15 The center provides annual public education on stroke-related topics such as prevention, risk factors, signs and symptoms, and the importance of getting treatment right away and calling 911.

Requirement:

- ☐ Records of public education on stroke-related topics from previous 12 months.

3.16 The center provides stroke education to stroke patients and their caregivers.

Requirement:

- ☐ Copies of provided stroke education.

5. Performance Measurement and Quality Improvement

5.1 The center participates in the Idaho TSE Registry. At least 80% of cases are submitted within 180 days of treatment.

Requirement:

- ☐ Letter from Idaho TSE Registry confirming compliance.

Please note, this requirement will be waved until the Idaho Trauma Registry transitions to the Idaho TSE Registry sometime in 2016.

5.2 The center has internal quality improvement (QI) activities related to stroke care. Internal QI means activities to improve quality of care based on process and outcome data from internal or external stroke registries in which the hospital participates.

Requirement:

- ☐ Supporting documentation.

In regards to “external registries”, see note on 5.1.

5.3 The center meets the benchmark of door-to-needle time in less than 60 minutes with a 75% achievement rate.

Requirement:

- ☐ Supporting documentation from previous 12 months.

5.4 The center participates in their Regional TSE Committee.

Requirement:

- ☐ Documentation of participation (at least 50%).

Resources:

<http://tse.idaho.gov/>

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